

PART B - FEE(S) TRANSMITTAL

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LADAS & PARRY
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JULIAN H. COHEN (Depositor's name)
[Signature] (Signature)
OCTOBER 3, 2003 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/719,058	02/07/2001	Peter J Burns	U 013043-1	5045

TITLE OF INVENTION: MOUTHGUARD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$650	\$0	XXXX \$665	10/07/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
BROWN, MICHAEL A	3764	128-859000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE: SIGNATURE MOUTHGUARDS PTY. LIMITED
Recorded: February 20, 2001
(B) RESIDENCE: (CITY and STATE OR COUNTRY) Artarmon New South Wales, AUSTRALIA
Reel/Frame: 011550/0055

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☐ corporation or other private group entity ☐ government

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JULIAN H. COHEN
LADAS & PARRY
26 WEST 61ST STREET
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